

FORM PTO-1449 (modified)
To: U.S. Department of Commerce
(PW FORM PAT-1449)
Patent and Trademark Office

Attorney Docket No.: 2545-0493

Applicant: OLEANDRI et al 10/567332

Appln. S.N.:

Filing Date: February 6, 2006

Examiner:

Group Art Unit:

Information Disclosure Statement by Applicant

Date: February 6, 2006

Page 1 of 1

U.S. PATENT DOCUMENTS

Examiner's Initials		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
/SFG/	AR	5,794,413	08/1998	Draghetti			
/SFG/	BR	2,723,516	11/1955	Malhiot			
/SFG/	CR	5,410,858	05/1995	Osti			
/SFG/	DR	2,603,047	07/1952	Malhiot			
	ER						
	FR						
	GR						
	HR						
	IR						
	JR						
	KR						
	LR						
	MR						
	NR						

FOREIGN PATENT DOCUMENTS

						English Abstract		Translation Readily Available	
		Document Number	Date MM/YYYY	Country	Inventor Name	Enclosed/ Cited Above	No	Enclosed/ Cited Above	No
/SFG/	OR	EP0970889	01/2000	EPO	Ghini	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
/SFG/	PR	EP0608823	08/1994	EPO	Spatafora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
/SFG/	QR	EP0771731	05/1997	EPO	Ikai	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
/SFG/	RR	EP1176097	01/2002	EPO	Brizzi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)

	YR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ZR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BBR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examiner: /Stephen F. Gerrity/

Date Considered: 03/28/2007

***EXAMINER:** Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.